213047383 11219			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2															
2	Total Nu of Vehi		Local No./ District 75		Agency Case No. B3	3-114932				HIT & RUN	X NO	2	NVESTIGATION MADE AT SCENE?			1		
A/1 01 A/2	DATE OF ACCIDENT		3/2013 S M T W TH F S TIME OF ACCIDENT 1813 Y Lancaster POLICE NOTIFIED 1814									itary Time)	Amen					
В	PLACE OF ACCIDENT	CITY	Lancaster					PR			PRIVATE	PRIVATE YES NO		12/16/2013				
	ROAD O	N WHIC	H STREET/	o. 9th Q S	St. to P.S	St					PROPERT ONE-WAY	LATITUDE	LATITUDE					
c 4	ACCIDENT DISTANCE	OF MILEPOST	HIGHWAY NO.					LONGITUDE				-						
D	MILEPO	OST	IF AT INTERSI	ECTION		IF NOT AT INTERSECTION												
1								MILES	N S	E		EAREST STREE St South C		BRIDGE, RAILROAD CROSSING h				
V1/M 14 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND N S E W OF NEAREST														-			
01 E	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b CLASSIFICATION CLASSIFICATION DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?														-			
2	CODES 1 CODES VEHICLE NO. 1										○YE	○YES 🏡 NO						
F	DRIVER		NO. H13605	 5699		VE	HICLE	NO. 1				STATE	NE	SI	EX X	FEMALE	1	
1 V1/N	DRIVER BLAKE	E HAI					PHONE 4802	242	7510	(Of License)	LOCAL N			MALE				
2 V2/N												DATE OF BIRTH (MM / DD / YYY	05/18	3/199	93		V1/1 18	
2		BLAKE HANNA												Э.			V1/2	
^G 5	OWNER ADDRESS CITY, STATE, ZIP 621 NEW HAMPSHIRE, LINCOLN, NE									C	TATION PENDI	X YES		CITATION NO. LB402591				
H E	LICENSE PLATE	LICENSE PA NO. RRH391							YEAR (Plate Expires) 20					STA (Of Pl	late)	NE	V1/3	
5 V1/O	VEHICLE		YEAR 2003	Dodge		ODEL STRATUS	3	BODY STY	r Seda	color white	ESTIMATED DAMAGE TOTALED \$ 200				V1/4			
1 V2/O	VEHICLE ID NO. (VIN)	4B3	3AG42G73E	208448				INSURANCE COMPANY LIBERTY MUTU						JAL				
1	TOWED TO	TOWED BY POLICY NO. AQS-24S-760530-70 3 3													18 V1/6			
1	DRIVER		NO. H13278	E01		VE	HICLE	NO. 2				STATE	NE		X	FEMALE	25	
V1/P	LICENSE DRIVER					PHONE				NE SEX MALE			-					
1 V2/P	DRIVER ADDRI	RAQUEL V NUNBERG DRIVER ADDRESS CITY, STATE, ZIP										DATE OF	00/0	02/04/1992				
1	111 NORTHRIDGE CIR DR, NORTH PLATTE, NE 6								PHONE			BIRTH (MM / DD / YYY	LOCAL NO.					
J 01	OWNER ADDR	MICHELE NUNBERG OWNER ADDRESS 1111 NORTHRIDGE CIR DR, NORTH PLATTE, NE										YES	CITATION	NO.			V2/3	
V1/Q	LICENSE PLATE	D.4	1EN7E0	IC, NC					PENDI YEAR	NG X NO 2014		STA	TE (1949)	NE	V2/4			
4 V2/Q	VEHICLE	YEAR						BODY STYLE			COLOR	 	(Of Plate) INE STIMATED DAMAGE TOTALED \$ 100			V2/5		
4	VEHICLE ID	1 1 1 1	/HZ8DH3C5	4 door Sedan gray					E COMPANY	COMPANY								
к 01	NO. (VIN)		TOWED BY POL									STATE FARM POLICY NO. 071 0659-B11-27D						
	Complete this section for all injured persons DATE OF BIRTH									1	2	3 Body	4	25 5 SEX				
VEH. #	(Complete a continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report, if more than three were injuncted in the continuation report i										(MM /	Seat Position	Eject	Region	Injury Sev. Tr	ans. M F		
	LOCAL NO.	OCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RUN REPORT NO.					
VEH. #	NAME	ME ADDRESS														\top		
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	ΙΕ				EMS RU	N REP	ORT NO.			
VEH. #	NAME			AD	DRESS					_								
"	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	ΙΕ				EMS RU	N REP	ORT NO.			
			1				1						1					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS																		
			THE FOLLO	WING	NG INFORMATION IS REQUIRED FO INDICATE BY DIAGRAM WHAT HAPP						AGEN	NO.						
()										B3	-11493	32					
India																		
No by A																		
					1						\ (Q St.∱						
			All Measureme	o Scale nts Appi idmarks	roximate													
			POI: 19' South of the 12' West of the								1			-				
							l I	I I	1 1		2							
							•	•	70' 9th St.	•	<u>'</u>	P St. √						
			DE	SCRIPTION	ON OF A	CCIDEN	Γ BASED	ON OFF	ICER'S IN	NVESTIGATIO								
OBJECT DAMAGED OWNER NAME			OWNER NAME	ADDRESS							APF	PROX. COST	OF DAMAGE					
M M			OWNER NAME							PHON	E		APPROX. COST OF DAMAGE PHONE					
NAME NAME					ADDRESS							PHONE						
NAME NAME				ADDRESS								PHONE						
VEHICLE MOVEMENT BEFORE COLLISION			MOST	POINT OF IMPACT AND MOST DAMAGED AREA					AIRBAG DEPLOYED RESTRAINT UVEHICLE 1 VEHICLE 1					VEH 1	VEH 1			
VEH NO.	SEW	ROAD OR HIGHWAY NAMI	Enter num	bers for	each vehi	cle)						ALCC			river Pede			
	X	9th St.	POINT OF OR		VEHICL DINT OF			4		2		ALCO	HOL Y		Y			
2	X	9TH ST	IMPACT UO	- 1	MPACT	04		oyed - front oyed - side		1 None used - vi 2 Lap & shoulde	r belt used	nt TEST	ED N	1 X N	XN			
1 0	1	06 Turning left 07 Making U-tu	mOST DAMAGED AREA 08	DA	MOST AMAGED AREA	04		yed - both	front/side	3 Shoulder belt 4 Lap belt only 5 Child safety se	used	BAC LI			iver Drive			
2 01 08 Entering traffic lane			00 None	00 None 02 03 04					5 Not applicable/ No airbag available 6 Child booster seat used 7 DOT approved helmet used					ALCOHOL/ No. 1 No. 2 DRUGS 1 1				
01 Essentially 09 Leaving straight ahead traffic lane			09 Top & windows			05	9 Restraint use unknown						1 Neither alcohol nor drugs suspected					
02 Backing 10 Parked 03 Changing lanes 11 Slowing or			11 Total (all areas)	11 Total (all areas)							2 Yes - alcohol suspecte 3 Yes - drugs suspected							
04 Overtaking/ stopped in traffic Passing 12 Other			rattic 12 Other	12 Other 08 07 0				- 4 - 1						4 Yes - alcohol & drugs suspected 5 Unknown				
			TROOP/	ROOP/ DEPARTMENT											Photographs YES			
1697 TEAM/ BEAT 7					Lincoln Police Department							taken?						
Justin Stone								er Justii	n Stone	:	DATE OF REPORT 12/16/2013							